

Foster Family Home - Corrective Action Report

Provider ID: 1-200050

Home Name: Razie Tumaneng, CNA

Review ID: 1-200050-1

91-1078 Paapaana Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 10/30/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. . Home will receive a 2 bed certification.

David Ayling
Compliance Manager

Razie Tumaneng
Primary Care Giver

10/30/2020
Date

10/30/20
Date